



TENNESSEE DEPARTMENT OF REVENUE

**CONSOLIDATED NET WORTH
ELECTION REGISTRATION APPLICATION**

This application must be completed by affiliated groups and financial institution affiliated groups electing to compute the net worth base for franchise tax purposes on a consolidated basis.

CHECK BOX:

- ☐ NEW ELECTION
- ☐ AMEND ELECTION TO ADD OR REMOVE GROUP MEMBERS
- ☐ REVOKE ELECTION
- ☐ CHECK IF APPLICATION IS FOR A FINANCIAL INSTITUTION AFFILIATED GROUP

1. Effective Date of Election/Revocation		FISCAL YEAR BEGINNING: MO: _____ DAY: _____ YR: _____	
		FISCAL YEAR ENDING: MO: _____ DAY: _____ YR: _____	
FEIN:	F&E Account Number:	Secretary of State Number:	
2. Legal Name of Affiliated Group			
Mailing Address - Street/Highway		3. Location Address - Street/Highway - No PO Box or RR#	
City, State, Zip		City, State, Zip:	
4. Business Phone:	Business Fax:	Business E-mail:	
5. DESCRIBE THE GROUP'S PREDOMINANT BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD. (AFFILIATED GROUP)			

LIST ALL AFFILIATED GROUP MEMBERS OR FINANCIAL INSTITUTION AFFILIATED GROUP MEMBERS SUBJECT TO TENNESSEE F&E TAX.

6. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER				EFFECTIVE DATE: _____	
Affiliated Group Member Name, Mailing Address, and Location Address					
Legal Name					
Mailing Address - Street/Highway			Location Address - Street/Highway - No PO Box or RR#		
City, State, Zip			City, State, Zip:		
Business Phone:		Business Fax:		Business E-mail:	
FEIN:		F&E Account Number:		Secretary of State Number:	
DESCRIBE THE INDIVIDUAL BUSINESS ENTITY'S PREDOMINANT BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.					

8. The statements made on this application are true to the best of my knowledge and belief. This application must be signed by the individual owner, a partner, or an officer of the corporation.	DEPARTMENT USE ONLY
SIGN HERE: _____ <i>Owner, Partner, or Officer (Do not use stamp)</i>	

6. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER EFFECTIVE DATE: _____ Affiliated Group Member Name, Mailing Address, and Location Address			
Legal Name			
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#	
City, State, Zip		City, State, Zip:	
Business Phone:	Business Fax:	Business E-mail:	
FEIN:	F&E Account Number:	Secretary of State Number:	
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.			

6. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER EFFECTIVE DATE: _____ Affiliated Group Member Name, Mailing Address, and Location Address			
Legal Name			
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#	
City, State, Zip		City, State, Zip:	
Business Phone:	Business Fax:	Business E-mail:	
FEIN:	F&E Account Number:	Secretary of State Number:	
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.			

6. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER EFFECTIVE DATE: _____ Affiliated Group Member Name, Mailing Address, and Location Address			
Legal Name			
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#	
City, State, Zip		City, State, Zip:	
Business Phone:	Business Fax:	Business E-mail:	
FEIN:	F&E Account Number:	Secretary of State Number:	
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.			

6. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER EFFECTIVE DATE: _____ Affiliated Group Member Name, Mailing Address, and Location Address			
Legal Name			
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#	
City, State, Zip		City, State, Zip:	
Business Phone:	Business Fax:	Business E-mail:	
FEIN:	F&E Account Number:	Secretary of State Number:	
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.			

**LIST ALL AFFILIATED GROUP MEMBERS OR FINANCIAL INSTITUTION AFFILIATED GROUP MEMBERS NOT
SUBJECT TO TENNESSEE FRANCHISE AND EXCISE TAX**

7. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER Effective Date: _____		
Affiliated Group Member Name, Mailing Address, and Location Address		
FEIN:		
Legal Name		
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#
City, State, Zip		City, State, Zip:
Business Phone:	Business Fax:	Business E-mail:
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.		

7. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER Effective Date: _____		
Affiliated Group Member Name, Mailing Address, and Location Address		
FEIN:		
Legal Name		
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#
City, State, Zip		City, State, Zip:
Business Phone:	Business Fax:	Business E-mail:
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.		

7. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER Effective Date: _____		
Affiliated Group Member Name, Mailing Address, and Location Address		
FEIN:		
Legal Name		
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#
City, State, Zip		City, State, Zip:
Business Phone:	Business Fax:	Business E-mail:
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.		

7. CHECK IF AMENDED: <input type="checkbox"/> NEW MEMBER <input type="checkbox"/> REVOKE MEMBER Effective Date: _____		
Affiliated Group Member Name, Mailing Address, and Location Address		
FEIN:		
Legal Name		
Mailing Address - Street/Highway		Location Address - Street/Highway - No PO Box or RR#
City, State, Zip		City, State, Zip:
Business Phone:	Business Fax:	Business E-mail:
DESCRIBE THE BUSINESS ACTIVITY, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.		

INSTRUCTIONS

CONSOLIDATED NET WORTH ELECTION REGISTRATION FORM

Public Chapter 932, Acts of 2004 provided for an election to compute the net worth measure of the franchise tax base, Schedule F, of the Tennessee franchise and excise tax return on a consolidated basis. However, if an affiliated group or financial institution affiliated group makes the election each group member will continue to file a separate entity return. Each return must contain an X in the appropriate box on the first page of the tax return to indicate that this election has been made.

An affiliated group member includes all entities that have a 50% ownership, directly or indirectly, with and between "domestic persons." "Domestic persons" is defined as any person (entity) having more than 20% of its average property, payroll and receipts located in the United States. Entities that have a 50% or more ownership, directly or indirectly, in an affiliated group member are also included as affiliated group members.

The election is applicable to all tax years beginning on or after January 1, 2004. Once the election is made, the election is binding for a minimum of five years. The election should be made on or before the due date of the return for the period for which the election will take effect.

COMPLETION OF REGISTRATION APPLICATION

In the top portion of the registration application, please check the appropriate block(s) which pertain to your entity's request.

- ITEM 1** - You must indicate the "Effective Date of Election/Revocation," the fiscal year of the group, the Federal Employer Identification Number, the franchise and excise account number and the Secretary of State number.
- ITEM 2** - Provide the group's name and mailing address.
- ITEM 3** - Provide affiliated group's location address if different than mailing address, otherwise mark "Not Applicable."
- ITEM 4** - Provide the group's phone number, business fax number and e-mail address.
- ITEM 5** - Describe the group's predominant business activity, stating the major products and/or services sold.
- ITEM 6** - Check the appropriate block to indicate if new member or revoked member, and indicate the effective date for all group members subject to Tennessee franchise and excise taxes. If group members change throughout the year by acquisition or departure, an amended election should be filed. Please provide group member's mailing address, location address, Secretary of State number, business phone number, business fax number and e-mail address, Federal Employer Identification Number, and franchise and excise account number. In addition, describe the individual business entity's predominant business activity stating the major products and/or services sold.
- ITEM 7** - Check the appropriate block to indicate if new member or revoked member and indicate the effective date for all group members not subject to Tennessee franchise and excise taxes. If group members change throughout the year by acquisition or departure, an amended election should be filed. Please provide group member's mailing address, location address, business phone number, business fax number and e-mail address. Federal Employer Identification Number and franchise and excise account number and the Secretary of State number. In addition, describe the individual business entity's predominant business activity, stating the major products and/or services sold.
- ITEM 8** - The application must be signed by the owner, partner or officer. Do not use a signature stamp.